

SPRINGFIELD POLICE DEPARTMENT

Standard Operating Guideline

Effective Date: 04/04/2017	Supersedes Policy Dated: 12/31/2013	Rescinds:	SOG Number: 409.5
Accreditation Index:			
Part Title: Operations	Chapter Title: Emergency Operations		
Chief of Police:			

Bloodborne Pathogens

I Policy

During the course of their duties, police officers, non-sworn personnel, victims, witnesses, and suspects may be exposed to blood and other potentially infectious materials. As this exposure places the person at risk of contracting disease, it is the policy of this Department to provide a procedure to assist these persons in minimizing their risk of exposure, provide appropriate protective equipment, and preventive education to employees, and establish a course of action should an exposure occur.

II Definitions

Blood - human blood, human blood components, and products made from human blood.

Bloodborne Pathogens - Disease-causing microorganisms or viruses found in human blood including, but not limited to, Human Immunodeficiency Virus, Hepatitis B and C, and syphilis.

Contaminated - means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Decontamination - the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

HIV - human immunodeficiency virus.

SOG 409.5

Bloodborne Pathogens

Effective Date: 04/04/2017

HBV - hepatitis B virus.

HCV – hepatitis C virus.

Percutaneous – piercing mucous membranes or the skin barrier.

Potentially infectious materials - means semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva containing blood, any body fluid that is visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids, and any unfixed tissue or organ (other than intact skin) from a human being (living or dead).

Personal Protective Equipment (PPE) - Includes, but is not limited to, latex or equivalent gloves, clear plastic face shields, face masks, goggles, disposable gowns, and shoe coverings.

Universal Precautions - is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

III Procedure

1 GENERAL PRECAUTIONS

- 1.1 Universal Precautions shall be observed. All human blood and other potentially infectious materials shall be treated as if known to be infectious.
- 1.2 Employees have a responsibility to take all precautions necessary to maintain their own health and safety. Employees shall be familiar with the Personal Protective Equipment that is available, and shall utilize such equipment as needed.
- 1.3 Eating, drinking, smoking, handling contact lenses, or applying cosmetics or lip balm is prohibited at scenes where the potential for exposure to bloodborne pathogens or other infectious materials exists.

2 PERSONAL PROTECTIVE EQUIPMENT

- 2.1 Personal Protective Equipment provides a barrier designed to protect the employee from contact with blood or other potentially infectious materials. Latex gloves should be worn any time there is the possibility of contact with potentially infectious material. Additionally, the employee has available a face shield, mask, and gown for more severe incidents, to be used at their discretion.
- 2.2 Used PPE should be disposed of by double bagging in biohazard bags and transporting it to the Springfield-Greene County Health Department Environmental Laboratory during daytime business hours or to the biohazard

SOG 409.5

Bloodborne Pathogens

Effective Date: 04/04/2017

receptacle at Police Headquarters if such disposal is after hours. The employee should exercise extreme care when handling needles or other sharp objects that could cause injury. Employees shall take all reasonable precautions to shield their eyes, mouth, and existing wounds or sores from contact with blood or potentially infectious materials.

3 TYPES OF EXPOSURE

3.1 **High-Risk:** The greatest threat of pathogen transmission involves the introduction of blood or other potentially infectious materials directly into a cut or puncture to the employee's skin, such as through contact, dry skin with open cracks, or an existing open wound or sore. A High-Risk exposure may also occur if blood or potentially infectious material comes in contact with the employee's eyes or mucous membranes.

3.1.1 Highest Risk exposure:

3.1.1(a) Deep injury (needle or instrument stick)

3.1.1(b) Visible blood on device causing injury.

3.1.1(c) Device previously placed in source-patient's vein or artery.

3.1.1(d) Source patient who dies as a result of AIDS within 60 days of exposure.

3.2 **Low-Risk:** A lesser risk of exposure exists when the employee's healthy, intact skin comes in contact with blood or body fluids for a short period of time, typically less than fifteen minutes. A low risk exposure is contact with mucous membrane and/or skin contact to suspected HIV, HBV, HCV, and Syphilis infected blood.

3.2.1 Low-risk exposure:

3.2.1(a) Prolonged contact

3.2.1(b) Compromised skin

3.2.1(c) Volume of blood

3.2.1(d) The amount of HIV infection of the source

3.2.2 If contact is made, the employee shall exercise good hand washing technique as soon as possible. If washing must be delayed, the employee shall use a waterless hand sanitizer or anti-microbial hand wipes until hand washing can be accomplished.

3.2.2(a) Spitting is normally considered a low risk exposure unless:

3.2.2(a.1) the saliva contains blood, or it is unknown whether blood is present, and

SOG 409.5

Bloodborne Pathogens

Effective Date: 04/04/2017

- 3.2.2(a.2) the saliva goes into the officer's eyes, mouth, or an open wound.
 - 3.2.3 Certain contacts do not normally result in an exposure risk. Such contacts include, but are not limited to:
 - 3.2.3(a) Handling of a sweaty individual, unless the sweat contains blood or other potentially infectious materials.
 - 3.2.3(b) Searching of a subject wearing urine soaked clothing, unless the urine contains blood or other potentially infectious materials.
- 3.3 Employees should be aware that exposure is not limited to direct contact with blood or body fluids. Risk of exposure also includes contact with contaminated articles that have blood or potentially infectious materials on them, such as clothing and vehicle interiors.

4 EXPOSURE TREATMENT

- 4.1 In case of Exposure
 - 4.1.1 If you experience a needle stick, other sharps injury, or are exposed to another person's blood or body fluids during the course of work, immediately follow these steps:
 - 4.1.1(a) Wash wound and skin with soap and water
 - 4.1.1(b) Flush splashes to the nose and mouth with water
 - 4.1.1(c) Irrigate eyes with clean water, saline, or sterile irrigates
 - 4.1.2 Notify the supervisor or person in charge immediately. NOTE: TREATMENT IS MOST EFFECTIVE WITHIN 1-2 HOURS OF EXPOSURE.
 - 4.1.3 The employee should proceed to the Mercy emergency room, or Mercy Urgent Care if open, for immediate evaluation.
 - 4.1.4 If the source of the exposure is available and willing to test they should be referred to the Springfield-Greene County Health Department. Call 864-1684, to make arrangements with a designated counselor. The following tests are typically done: HIV, Hepatitis B, Hepatitis C, and Syphilis.
 - 4.1.5 The employee must complete a Worker's Compensation Incident Report as soon as possible and return form to supervisor.
- 4.2 In the event of a High-Risk exposure to victims or witnesses, access to medical treatment shall take priority over evidentiary concerns.
 - 4.2.1 The victim or witness shall be provided access to medical treatment immediately upon request.

SOG 409.5

Bloodborne Pathogens

Effective Date: 04/04/2017

- 4.2.2 It may be necessary for an officer to accompany the subject if the integrity of the victim/witness's evidence or testimony is significant to the investigation and has not been fully obtained.
 - 4.2.3 In cases where the suspect body fluid is of possible evidentiary value, officers shall ensure that an evidentiary sample is collected, either by medical staff or they may elect to collect the evidence themselves if time and conditions allow.
 - 4.2.4 An attempt to contact Springfield-Greene County Health Department Staff should be made to obtain consent for the source subject to be tested for HIV, Hepatitis B, Hepatitis C and Syphilis.
 - 4.2.5 If facts exist which would indicate that the source subject is HIV positive, such as statements made by that subject or a family member, and consent for HIV testing is refused, a search warrant should be executed upon the individual to obtain a blood sample for HIV testing.
- 4.3 In case of a Low-Risk exposure, or if the degree of exposure is unknown, the victim/witness shall be allowed medical treatment, if s/he so desires, as soon as practical. The effectiveness of treatment is reduced after two hours, and becomes almost ineffective after twenty-four hours.
- 4.3.1 If the victim/witness elects to receive a medical evaluation of their exposure, such an evaluation should occur within 1 – 2 hours of the exposure incident.
 - 4.3.2 In cases where the suspect body fluid is of possible evidentiary value, officers shall ensure that an evidentiary sample is collected, either by medical staff or they may elect to collect the evidence themselves if time and conditions allow.

5 REPORTING

- 5.1 In all cases of High-Risk and Low-Risk exposure to an employee, the employee's supervisor shall complete an On-Duty Injury packet.
- 5.2 In all cases of High-Risk and Low-Risk exposure to a victim or witness, the officer who was first advised of, or became aware of, the exposure shall complete a report detailing the nature and cause of the exposure, the exposed person's identity, their relationship to the incident, and the name of source subject and their relationship to the incident.

6 CLEANING OF POLICE UNIFORMS

- 6.1 The normal dry cleaning process will effectively decontaminate clothing, as the heat and solvents used will destroy pathogens. In cases of gross contamination, it is preferable that as much of the material as possible be removed prior to the

SOG 409.5

Bloodborne Pathogens

Effective Date: 04/04/2017

dry-cleaning. The contaminated clothing should be bagged and the dry cleaner informed of the material on the clothing.

- 6.2 Synthetic leather belts and accessories may be decontaminated with an appropriate disinfectant, or with a solution of 50 parts water and 1 part bleach. Genuine leather belts, gloves, and accessories cannot be effectively decontaminated and should be disposed of as contaminated waste.

7 NOTIFICATION OF HIV / AIDS STATUS

- 7.1 Per RSMo 191.656, all information known to, and records containing any information held or maintained by, employees concerning an individual's HIV infection status or the results of any individual's HIV testing shall be strictly confidential and shall not be disclosed EXCEPT to: ¹

- 7.1.1 Employees who need to know to perform their public duties;
 - 7.1.1(a) No employee to whom the results of an individual's HIV testing has been disclosed shall further disclose such results, except in compliance with this policy.
- 7.1.2 Public employees of other agencies, departments, or political subdivisions who need to know to perform their public duties;
- 7.1.3 Peace officers (as defined in RSMo 590.010), the attorney general or any assistant attorneys general acting on his or her behalf (as defined in RSMo Chapter 27), and prosecuting attorneys (as defined in RSMo Chapter 56), and pursuant to a court order (as provided in RSMo 191.657);
- 7.1.4 Health care personnel working directly with the infected individual who have a reasonable need to know for the purpose of providing direct patient health care;
- 7.1.5 The victim of any sexual offense defined in RSMo Chapter 566, which includes sexual intercourse or deviate sexual intercourse as an element of the crime;
- 7.1.6 Other persons pursuant to written authorization of the subject of the test results or information.

8 SCENE CLEAN UP

- 8.1 An outside contractor is available to perform biohazard clean up at certain scenes, which have been produced as a result of employee actions. Command approval is required to initiate this service.

9 TRAINING

¹ Section 7 revised, RSMo references updated, per Policy Change Order 17-019.

SOG 409.5

Bloodborne Pathogens

Effective Date: 04/04/2017

- 9.1 The Training Unit shall be responsible for developing and implementing appropriate training to keep employees abreast of the most current information regarding bloodborne pathogens as related to their job function, as well as measures necessary for disease prevention.

IV Attachments